

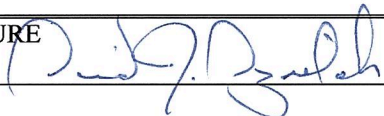


DELBERT HOSEMAN  
Secretary of State

## ECONOMIC IMPACT STATEMENT

An Economic Impact Statement is required for this proposed rule by Section 25-43-3.105 of the Administrative Procedures Act. An Economic Impact Statement must be attached to this Form and address the factors below. A **PDF** document containing this executed Form and the Economic Impact Statement must be filed with any proposed rule, if required by the aforementioned statute.

AGENCY NAME Division of Medicaid	CONTACT PERSON Margaret Wilson		TELEPHONE NUMBER 601-359-5248
ADDRESS 550 High Street, Suite 1000	CITY Jackson	STATE MS	ZIP 39201
EMAIL Margaret.Wilson@medicaid.ms.gov	DESCRIPTIVE TITLE OF PROPOSED RULE Title 23: Medicaid, Part 208: Home and Community-Based Services (HCBS) Long-Term Care, Chapter 1: Home and Community-Based Services (HCBS) Elderly and Disabled (E&D) Waiver, Chapter 2: Home and Community-Based Services (HCBS) Independent Living (IL) Waiver, Chapter 3: Home and Community-Based Services (HCBS) Assisted Living (AL) Waiver, Chapter 4: Home and Community-Based Services (HCBS) Traumatic Brain Injury/Spinal Cord Injury (TBI/SCI) Waiver, Chapter 5: Home and Community-Based Services (HCBS) Intellectual Disabilities/Developmental Disabilities Waiver, Rules 1.2: Eligibility, 2.2: Eligibility, 3.2: Eligibility, 4.2: Eligibility, 5.1: Eligibility.		
Specific Legal Authority Authorizing the promulgation of Rule: 42 USC § 1396n; 42 CFR §§ 435.217, 440.180, 441.301; Miss. Code Ann. §§ 43-13-115, 43-13-117, 43-13-121.		Reference to Rules repealed, amended or suspended by the Proposed Rule: 1.2, 2.2, 3.2, 4.2 and 5.1.	

SIGNATURE 	TITLE Executive Director
DATE 5/20/16	PROPOSED EFFECTIVE DATE OF RULE AUG 01 2016

1. Describe the need for the proposed action: *The filing of this administrative code updates the language of the eligibility categories for home and community-based waiver services.*
2. Describe the benefits which will likely accrue as the result of the proposed action: *There is no estimated economic impact associated with this filing.*
3. Describe the effect the proposed action will have on the public health, safety, and welfare: *N/A*
4. Estimate the cost to the agency and to any other state or local government entities, of implementing and enforcing the proposed action, including the estimated amount of paperwork, and any anticipated effect on state or local revenues: *N/A*
5. Estimate the cost or economic benefit to all persons directly affected by the proposed action: *N/A*
6. Provide an analysis of the impact of the proposed rule on small business: *N/A*
  - a. Identify and estimate the number of small businesses subject to the proposed regulation:

- b. Provide the projected reporting, recordkeeping, and other administrative costs required for compliance with the proposed regulation, including the type of professional skills necessary for preparation of the report or record:
- c. State the probable effect on impacted small businesses:
- d. Describe any less intrusive or less costly alternative methods of achieving the purpose of the proposed regulation including the following regulatory flexibility analysis:
  - i. The establishment of less stringent compliance or reporting requirements for small businesses;
  - ii. The establishment of less stringent schedules or deadlines for compliance or reporting requirements for small businesses;
  - iii. The consolidation or simplification of compliance or reporting requirements for small businesses;
  - iv. The establishment of performance standards for small businesses to replace design or operational standards required in the proposed regulation; and
  - v. The exemption of some or all small businesses from all or any part of the requirements contained in the proposed regulations:
- 7. Compare the costs and benefits of the proposed rule to the probable costs and benefits of not adopting the proposed rule or significantly amending an existing rule: *N/A*
- 8. Determine whether less costly methods or less intrusive methods exist for achieving the purpose of the proposed rule where reasonable alternative methods exist which are not precluded by law: *N/A*
- 9. Describe reasonable alternative methods, where applicable, for achieving the purpose of the proposed action which were considered by the agency: *N/A*
- 10. State reasons for rejecting alternative methods that were described in #9 above: *N/A*
- 11. Provide a detailed statement of the data and methodology used in making estimates required by this subsection: *N/A*